



# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>SEIU Florida State Council</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>2881 Corporate Way</b>	
(c) City, State and ZIP Code <b>Miramar, FL 33025</b>	3. FEC Identification Number <b>C</b>
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, It amends the report filed on

5. COVERING PERIOD: FROM **07 01 2016**  
THROUGH **09 30 2016**

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES ..... **1,148.89**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Eric Brakken**

**10/14/16**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

20161014 09:00:00

The SEIU Florida State Council did not solicit any contributions for the purpose of making independent expenditures disclosed on this report.

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

**A. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

**C. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

**D. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page carry total to Line 6) .....

2016-10-14 02:00:00

SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

SEIU Florida State Council

Full Name (Last, First, Middle Initial) of Payee

SEIU-CC, LLC

Date of Public Distribution/Dissemination

08 28 2016

Mailing Address

330 W. 42nd Street, 7th Floor

Amount

1,148.89

City

New York

State

FL

Zip Code

10036-6902

Purpose of Expenditure

Phone Bank Services

Category/  
Type

Office Sought:

House

State: FL

Senate

District: 9

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Randolph, Susannah

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

1,148.89

Disbursement For:

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

Support

Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....>

1,148.89

(b) SUBTOTAL of Unitemized Independent Expenditures.....>

(c) TOTAL Independent Expenditures.....>  
(carry total from last page forward to Line 7)

1,148.89



**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt

<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A PREPARER	N/A DATE PREPARED
-----------------	----------------------

(8/2013)

20161014 09:00:00:45